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PTO/SB/50 (06-03)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	P06280US14-169A
	First Named Inventor	HERGOTT, et al.
	Original Patent Number	6,676,502
	Original Patent Issue Date (Month/Day/Year)	01/13/2004
	Express Mail Label No.	EV 413038062 US

APPLICATION FOR REISSUE OF: (Check applicable box)	<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 CFR 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <i>(PTO/SB/96)</i> 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> English Translation of Reissue Oath/Declaration 14. <input type="checkbox"/> <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 16. <input type="checkbox"/> 17. Other: _____ _____ _____

## 18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	34082	OR	<input type="checkbox"/> Correspondence address below
Name			
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Name (Print/Type)	DONALD H. ZARLEY	Registration No. (Attorney/Agent)	18,543
Signature	<i>D. H. Zarley</i>	Date	Feb. 7, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
P06280US1-169A**Claims as Filed – Part 1**

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	(A) 8	(B) 7	**** 0 =	x \$ 0 =	0.00	x \$ _____ =		
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 4	* 0 =	x \$ 0 =				
			Basic Fee (37 CFR 1.16(h))		\$ 385.00	\$ _____		
			Total Filing Fee		\$ 385.00	OR \$ _____		

**Claims as Amended – Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 7	MINUS	** 8	* = 0	x \$ 0 =	0	x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 4	= 0	x \$ 0 =	0		
			Total Additional Fee		\$ 0.00	OR \$ _____		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

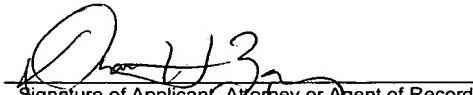
\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or  
credit any overpayment to Deposit Account Number 50-2098.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 385.00 \_\_\_\_\_ to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not  
be included on this form. Provide credit card information and authorization on PTO-2038.**Feb. 4, 2004

Date

18,543

Registration Number, if applicable

  
Signature of Applicant, Attorney or Agent of Record

DONALD H. ZARLEY

Typed or printed name

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